OVERNIGHT & DAY CAMP AVAILABLE

REGISTRATION NOW OPEN

Campership Application and Health Forms enclosed!
Due March 29th  
Due June 1st

Register online at www.campshankitunk.org

Or call (607) 865-6531 to request an application

FREE t-shirt when you register online by May 1st

COME JOIN US FOR SUMMER FUN!
**ABOUT OUR CAMP:**
At 4-H camp you will ...have fun...meet new friends... make things in the craft hall...learn about nature...cook and camp in the outdoors...swim in the pool...work in groups... and enjoy programs.  
4-H Camp Shankitunk is located on 145 acres of county owned land along the west branch of the Delaware River. The main campground is a large open meadow surrounded by naturally wooded hillsides. Campers are housed in cabins spaced among the trees and along the meadow’s edge. Camp is not just a week in the woods; it is what happens to campers, what they take home in their memories, in their new purposes, in their new or improved skills, in their friendships, in their appreciation of nature and outdoors.

**ACCOMODATIONS:**
Campers live in rustic cabins with other campers their own age and a camp counselor or two.

Other facilities include a swimming pool, bath houses with hot water and showers, dining hall, health center, low ropes course, staff housing, craft hall, recreation pavilion, science center, basketball court, and gaga pit.

**HEALTH REQUIREMENTS:**
Forms are due by June 1st. Please keep a copy to bring with you.

Required Forms include: (in brochure/online)
- Parent Forms 1 & 2
- Physician Form
- Immunization records
- Copy of last physical
- Code of Conduct
- Assumption of Risk form
- Releases: Photo, Refund, Transportation

**CAMP PHOTOS:**
Each camper unit will be photographed. 5x7 photographs will be available for sale Friday.

**CAMP DATES:**
All five weeks of camp are co-educational. Campers may attend up to two (2) weeks of camp. Campers are not allowed to stay over the weekend.

- **Overnight Camp:** Runs Sunday through Friday
- **Day Camp:** Runs Monday through Friday

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>June 30 - July 5</td>
<td>Carnival Week: It will be camp business during the day and festive games at night. Dig for treasure, get your face painted, make a mask, get your hair done, visit the photo booth, play games, and much more. Come camp with us and get your summer off on the right foot.</td>
</tr>
<tr>
<td>2</td>
<td>July 7 - July 12</td>
<td>Jungle Week: Pack the bare necessities and head to Shankitunk to forget about your worries and your strife! Join us for a game of safari, rainsticks, drum circles, monkey tag, giraffe skin science, jungle slime, and more. Don’t forget to pack your sense of adventure!</td>
</tr>
<tr>
<td>3</td>
<td>July 14 - July 19</td>
<td>Wonka Week: This is going to be a scrumdidlyumptious week! Have some frobscottle, enjoy a daily quote, make your own dream jar, and more. Bring your favorite Dahl story to share during cabin time. Don’t know any? No worries, we’ll fix that for you!</td>
</tr>
<tr>
<td>4</td>
<td>July 21 - July 26</td>
<td>Wet &amp; Wild Week: Pack your bathing suits. We are hoping for nice weather and will play polo, t-shirt races, wet line, and sprinklers. Don’t forget to try the Polar Bear challenge! If weather doesn’t cooperate, we’ll be puddle jumping and singing in the rain. We invite you to join us either way!</td>
</tr>
<tr>
<td>5</td>
<td>July 28 - August 2</td>
<td>Luau Week: Aloha! Join us for a Hawaiian luau at camp this week. We’ll be making sand art, coconut bowling, enjoying the beaches of the volleyball court, and hula dance the week away. Pack a Hawaiian print shirt, colorful lei, or hula skirt if you can.</td>
</tr>
</tbody>
</table>

All applications are ranked in the order they are received. It is important to list your second choice of weeks. Deposits for those not accepted will be returned.

**CAMP FEES:**

<table>
<thead>
<tr>
<th>Fee</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>per week of Day Camp</td>
</tr>
<tr>
<td>$285</td>
<td>per week overnight - Delaware County Youth</td>
</tr>
<tr>
<td>$395</td>
<td>per week overnight - Out of County Youth</td>
</tr>
<tr>
<td>$25</td>
<td>Day Camp Early Drop-Off (At 8:00 am) NEW</td>
</tr>
<tr>
<td>$25</td>
<td>Day Camp Extended Stay (Until 5:30 pm) $100.00 deposit is required with all paper applications. Online registrations require full payment.</td>
</tr>
</tbody>
</table>
## WHO MAY ATTEND?

**Overnight Camp:** Any boy or girl ages 8-16 by January 1st who is able to follow the schedule and participate in programming safely and independently.

**Day Camp:** Any boy or girl age 6 years old and up by their selected camp session who is able to follow the schedule and participate safely and independently.

### CABIN MATES:
You may request to be in a cabin with a friend.
- Only one request per camper.
- Campers must request each other.
- Same sex & no more than 2 years apart in age.
- Can’t request counselors as cabin mates.
- No Guarantees.

### CAMPER MAIL & EMAILS
Send in season camper mail to:
- 4-H Camp Shankitunk
- CAMPER NAME & CABIN #
- 2420 Arbor Hill Road
- Delhi, NY 13753

Send your camper a daily email on our website. $5 Fee. Campers cannot email you back.

## DAY CAMP
Is your camper too young for overnight camp? Maybe you’re just not sure they are ready for the overnight experience. Try Day Camp! Campers ages six and seven follow the schedule below, but day campers ages eight years old and older will be integrated into the regular camp schedule.

### DAY CAMP SCHEDULE (Ages 6 & 7)
- 8:30 am - Check In & Free Play
- 9:00 am – Flag Raising
- 9:15 - 9:45 am - Welcome Circle
- 9:45 - 10:15 am - Field Game
- 10:15 am - Snack
- 10:25 - 10:50 am - Creative Arts
- 11:00 - 11:45 am – Lunch & Songs
- Noon - 12:30 pm - Story Time & Rest
- 12:30 - 1:30 pm - Outdoor Skills/Exploration
- 1:30 - 2:15 pm - Swimming
- 2:25 - 3:10 pm - Arts & Crafts
- 3:20 - 3:45 pm - Science
- 3:45 - 4:15 pm – Drinks, gather belongings
- 4:15 pm – Flag Lowering
- 4:30 pm - Pickup

## CAMPERSHIPS:
There are several campership opportunities to help defray the cost of 4-H Camp for families in need.

*The campership application is enclosed.

Applications are due by March 29th.

### FIRST TIME CAMPER ~ OPEN HOUSE:
**SUNDAY, JUNE 2nd**
2:00 – 4:00 pm
Tour camp, meet our staff, & learn about our program.

**THERE IS NO VISITING DURING CAMP SEASON!**

### CHECK-IN / REGISTRATION:
**DAY** campers must check in between 8:00 and 9:00 am on Monday morning of their week.

**OVERNIGHT** campers must check in between 2:00 and 4:00 pm on Sunday of their week.

### PICK-UP:
**DAY CAMP:**
Campers should be signed out from the Craft Hall by 4:30 pm. No extended stay on Friday.

**OVERNIGHT CAMP:**
A closing ceremony is held at 5:00 pm on Friday.

Overnight parents are invited to attend. Campers should be signed out from their cabin following the closing ceremony.

*All campers must be picked up by 6:00 pm.*

## CAMP STORE:
We offer snacks, knick-knacks, apparel, and more...

*You can put up to $20 on an account for your camper*

**This is NON-REFUNDABLE**

The store is open:
- Sunday during overnight registration.
- Daily during Recs A & B
- Thursday at Day Camp Pick-Up
- Friday after overnight closing ceremony

### NEW: PRE-ORDER CARE PACKAGES
1) **Essentials Package ($20)** camp postcards, rain poncho, toothbrush, folding pocket comb, flashlight keychain, water bottle, drawstring bag, pen, pencil, songbook

2) **Spirit Package ($20)** bandana, T-shirt,
Ibuprofen

Phone Number

Office Address

Signature

Name of Licensed Physician/Provider (PRINT)

that

____________________________

____________________________________________________________________________________________________________________________

_______________________________________________________________________________________

any prescription or over

MEDICATION AUTHORIZATION: Please provide a current vaccination record which includes name of vaccines and dates administered.

PHYSICAL EXAM: Done Today? □ YES  □ NO  If NO, date of last physical: MM/DD/YEAR _____________

Has this camper been diagnosed with a developmental disability? □ YES  □ NO  If yes, please explain:

________________________________________________________________________________________________________

Camper is undergoing treatment at this time for the following condition(s):

MEDICATION AUTHORIZATION: If a licensed healthcare provider does not sign this form, the camper CANNOT be given any prescription or over-the-counter medication while at camp. This includes for scrapes, bee stings, bug bites, etc.

Over the Counter (OTC) Medications kept on hand in our infirmary.

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>CIRCLE ROUTE</th>
<th>DOSAGE</th>
<th>WEIGHT: ______ lbs</th>
<th>SCHEDULE &amp; INDICATIONS</th>
<th>PERMSSION TO ADMINISTER</th>
<th>PROVIDER INITIALS REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen (Advil/Motrin)</td>
<td>Elixir, tabs, or Chewable</td>
<td>Per Label Instructions by age/weight</td>
<td>Q 4 hr for pain or fever&gt; ______ #</td>
<td>YES or NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen (Tylenol)</td>
<td>Elixir, tabs, or Chewable</td>
<td>Per Label Instructions by age/weight</td>
<td>Q 4 hr for pain or fever&gt; ______ #</td>
<td>YES or NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antacids (Tums)</td>
<td>Pills or liquid</td>
<td>Per Label Instructions by age/weight</td>
<td>Q 2-4 hrs PRN gas, heartburn, indigestion, upset stomach</td>
<td>YES or NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphenhydramine (Benadryl)</td>
<td>Elixir, tabs, pills, or Chewable</td>
<td>Per Label Instructions by age/weight</td>
<td>Q 6 hr PRN for allergic reaction, (hives, insect bite)</td>
<td>YES or NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loratadine (Claritin)</td>
<td>Elixir, tabs, pills, or Chewable</td>
<td>Per Label Instructions by age/weight</td>
<td>Q 6 hr PRN for allergic reaction, (hives, insect bite)</td>
<td>YES or NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough Drops</td>
<td>Oral</td>
<td>Per Label Instructions by age/weight</td>
<td>PRN for cough or sore throat</td>
<td>YES or NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dextromethorphan (Cough Syrup)</td>
<td>Elixir</td>
<td>Per Label Instructions by age/weight</td>
<td>Q 4 hrs PRN for cough</td>
<td>YES or NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocortisone</td>
<td>Topical Cream</td>
<td>Per Label Instructions</td>
<td>Q 6 -8 hrs PRN rash, skin irritation, insect bites</td>
<td>YES or NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antiseptic</td>
<td>Topical</td>
<td>Per Label Instructions</td>
<td>PRN stings/bites, cuts, scrapes, splinters, blisters</td>
<td>YES or NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antifungal</td>
<td>Spray / Powder</td>
<td>Per Label Instructions</td>
<td>PRN Athletes foot, jock itch</td>
<td>YES or NO</td>
<td></td>
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</tr>
</tbody>
</table>

Other Medications to be brought to camp with the camper (Prescription or PRN – Including Inhalers).

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>ROUTE</th>
<th>DOSAGE</th>
<th>SCHEDULE &amp; INDICATIONS</th>
<th>PROVIDER INITIALS REQUIRED</th>
</tr>
</thead>
</table>

ALL medications MUST be in their ORIGINAL CONTAINERS and surrendered to the Camp Nurse at registration!

Please consider sending only what your child needs for their stay at Camp. This prevents problems if meds are forgotten at pick up.

Do you feel this camper will require limitations or restrictions while at camp? □ YES  □ NO  If yes, please explain:

________________________________________________________________________________________________________

I have reviewed the HEALTH FORMS, and have discussed the camp program with the camper’s parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Name of Licensed Physician/Provider (PRINT) ____________________________

Signature of Licensed Physician/Provider __________________________________ License # __________________

Office Address _____________________________________________ Title __________________________

Phone Number (_____) ___________________________ Date __________________________
**CAMPER NAME:** ________________________________

**LAST, FIRST MIDDLE**

Date of Birth ________________  Age ____________  Gender ________________

**ATTENDING CAMP:**

☐ OVERNIGHT  ☐ DAY CAMP  ☐ WEEK 1  ☐ WEEK 2  ☐ WEEK 3  ☐ WEEK 4  ☐ WEEK 5

**EMERGENCY CONTACT: PARENT / GUARDIAN**

Name ________________________________  Relationship to Camper ________________________________

Home Address ________________  Town ________________  State _____  Zip ________________

Preferred Phone ( ) ___________  Alternate Phone ( ) ___________

**IN THE EVENT I CANNOT BE REACHED, please contact:** (Must be over 18 years of age)

1) Name: ________________________________  Relationship to Camper ________________________________

Home Address: ________________  Town ________________  State _____  Zip ________________

Preferred Phone: ( ) ___________  Alternate Phone: ( ) ___________

2) Name: ________________________________  Relationship to Camper ________________________________

Home Address: ________________  Town ________________  State _____  Zip ________________

Preferred Phone: ( ) ___________  Alternate Phone: ( ) ___________

**FAMILY PHYSICIAN:** Name ________________________________  Phone Number ( ) ___________

Office Address ________________________________,  Town ________________  State _____  Zip ________________

**MEDICAL INSURANCE:** Fill out completely  OR  attach a copy of your insurance card. Both sides must be readable.

Is this camper covered by family medical/health insurance?  __________ YES  __________ NO

<table>
<thead>
<tr>
<th>Policy Holder’s Name</th>
<th>Name of Insurance carrier and type of coverage</th>
<th>Policy Number</th>
<th>Group Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Authorization for release of information  Signature ________________________________  Date ______

Address of Insurance Company ________________________________

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE**

I certify that the information given in these health forms is current, correct, and accurately reflects the health status of the camper to whom it pertains. I hereby give permission to the medical personnel selected by the Camp Administrator to order x-rays, routine tests, treatment, release any records necessary for insurance purposes, and to provide or arrange for necessary transportation of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Administrator to secure and administer treatment, including hospitalization, for the person named above. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child. Those providers may talk with camp staff about my child’s health status.

Signature of Custodial Parent/Guardian ________________________________  Date ________________
**HEALTH FORMS – PARENT/GUARDIAN 2**

**GENERAL HEALTH HISTORY – PLEASE FILL IN ALL INFORMATION. WRITE N/A IF APPROPRIATE.**

### CAMPER NAME ____________________________

Does camper have a history of . . .

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Asthma / Wheezing / Short of Breath</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Bedwetting</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Bleeding / Clotting Disorders</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Concussion / Head Injury</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Constipation</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Ear Infections</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Eating Disorder</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Fainting / Dizziness</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Headaches</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Heart Defect / Disease</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Mononucleosis</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Psychiatric Treatment</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Seizures / Convulsions</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Skin Irritation / Condition</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Sleepwalking</td>
<td></td>
</tr>
</tbody>
</table>

### MENTAL / EMOTIONAL / SOCIAL HEALTH (MESH): Has the camper:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ever been treated for attention deficit disorder (ADD) OR attention deficit hyperactivity disorder (ADHD)?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Ever been treated for emotional or behavioral difficulties or an eating disorder?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>During the last 12 months, seen a professional to address mental/emotional health concerns?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Had a significant life event that continues to affect the camper’s life (death of a loved one, family change, etc.)?</td>
<td></td>
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</tbody>
</table>

If yes, please explain (separate sheet may be used if necessary) ____________________________________________________________

### ALLERGIES: Please specify allergy and typical reaction.

#### Environmental Allergies

#### Food Allergies

#### Drug Allergies

#### Insect Stings / Other Allergies

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**Inhalers & Epi-Pens:** The Camp Health Director / Nurse must keep the primary. If you would like your camper to carry, you must provide a second inhaler or epi-pen. Please note that Camp is NOT responsible for lost items, including inhalers or epi-pens.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Has your camper been trained in the proper use of their inhaler or epi-pen?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Does your camper have parental consent to carry their (second) inhaler or epi-pen?</td>
<td></td>
</tr>
</tbody>
</table>

### MENINGOCOCCAL MENINGITIS VACCINATION: NYS Public Health Law requires a completed response on all campers.

1) ☐ My child received meningococcal immunization (Menactra or Menveo) within the last 10 years on ______________ (Date)

2) ☐ I have read the information available on the camp website regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis.

3) ☐ My child is not old enough to receive the meningococcal meningitis vaccine. *Note: The first dose is usually given at age 11.*

**SIGNATURE OF PARENT / GUARDIAN _______________________________ DATE ___________**
ASSUMPTION OF RISK FORM
(Form must be completed prior to participation)

I hereby apply for my child to participate in the summer residence camp program indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child’s participation in the camp and all its programs and activities and that my child’s use of any equipment related to such activities and programs may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers. I hereby fully accept and agree to such risks and dangers, both known and unknown.

My child is in good health and is at or above the minimum age of six (6) required to participate in the camp and is able to participate in any strenuous physical activity associated therewith. I affirm that I have read all the camp materials describing the various activities and programs conducted by the camp.

Name of camp: 4-H CAMP SHANKITUNK
Location: 2420 ARBOR HILL ROAD, DELHI, NY 13753

Camp activities: Camp activities include but are not limited to: swimming, hiking, fishing, basketball, volleyball, soccer, baseball, archery, ropes course/team challenge, rocketry, woodworking, arts and crafts, and cooking.

Dates: JUNE 30, 2019 - AUGUST 2, 2019

Note: Activities listed above may involve competition between both boys and girls or coed teams.

Swimming: Does your child have permission to swim? (Required for children with a developmental disability)

☐ YES  ☐ NO

I have read the above and by signing it I agree it is my intention to have my child participate in the camp and all activities and programs and I understand and accept the risks involved.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child’s participation in 4-H Camp Shankitunk activities shall be venued in the Supreme Court of the State of New York, Delaware County.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign on behalf of myself and any other parent/guardian of the child named herein.

Participant’s Name _____________________________________________
Date of Birth ____________________________
Parent/Guardian Name ________________________________
Signature ____________________________________________
Date ________________________________________________

CODE OF CONDUCT
(Form must be completed prior to participation)

The following ground rules are designed to make the experience at 4-H Camp Shankitunk safe and satisfying for everyone attending camp this summer.

1. Participate - Everyone is expected to participate in all activities. No camper may leave the grounds unless permission is secured from the Camp Director or Administrator.

2. Create a Welcoming Environment for All - Recognize that everyone has skills and talents to contribute. Though we may not always agree, we must disagree respectfully.

3. Bring Your Best Self - Respect and follow the rules. Conduct yourself in a manner that reflects honesty, integrity, and self-control. Fighting, obscene or discriminatory language; and insubordination are never acceptable.

4. Obey the Law - Commit no illegal acts. Do not possess or use illegal drugs, tobacco products, firearms, weapons, or any harmful object with the intent to hurt others at any time.

5. Honor Diversity – Yours and Others – Respect the rights and dignity of everyone. Cornell Cooperative Extension is an equal opportunity, affirmative action educator and employer.

6. Create a Safe Environment - Do not carelessly/intentionally harm other youth or adults in any way (verbally, mentally, physically, or emotionally). Refrain from romantic displays and sexual activities. Be kind and compassionate. Harassment, bullying, and other exclusionary behavior are not acceptable.

7. Watch What You Wear - Use your best judgment. Wear clothing suited for the activity you will participate in. Don’t wear clothing that reveals underwear, midriff, buttocks, or cleavage, etc. Clothing promoting intoxicants or displaying inappropriate/discriminatory messages are never acceptable.

8. Recognize Off-limit Areas - These are places where the campers are not allowed to go unless an adult is accompanying them. In addition, everyone must keep to their designated lodging areas: boys may not be in girls’ units/tents/bathrooms and girls may not be in boys’ units/tents/bathrooms.

9. Respect Rest Times - All participants are to be in their assigned area at curfew and to comply with the quiet hours, lights out, and other rules of the camp, including rest time after lunch.

10. Say Something – Help others by promptly reporting any violations or infractions of these rules to the Camp Director.

We have a three strike discipline policy. The Camp Director, in his/her sole discretion, may waive the three strike policy and send a camper home depending upon the level of camper misconduct. Campers violating camp rules, policy, or code of conduct will be dealt with as follows:

First Offense: Counselor or other official will provide a verbal warning.
Second Offense: Director or designee will meet with camper and call home.
Third Offense: The camper will be sent home.

I have read the Code of Conduct with my camper and he/she agrees to abide by the rules outlined above.

Participant’s Name _____________________________________________
Participant’s Signature _________________________________________
Parent/Guardian Name __________________________________________
Parent/Guardian Signature _______________________________________
Date __________________________________________________________
PHOTO/VIDEO RELEASE FORM

Cornell Cooperative Extension (CCE) and Cornell University are granted permission to use and/or publish my or my child’s photograph or image (including audio, film, digital image or any other media) for educational purposes, on their respective websites or for promotion of their respective programs.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

__ YES

__ NO

I am at least at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign on the behalf of any other parent/guardian of the child named herein.

Participant’s Name ________________________________

Name of Parent/Guardian Name ________________________

Signature ____________________________________________

Date ________________________________________________

EMERGENCY TRANSPORTATION RELEASE

I, the undersigned parent/guardian of:

Participant's Name ________________________________

Date of Birth ________________________________

DO hereby give permission to authorized, licensed representatives of 4-H Camp Shankitunk to provide transportation in an authorized vehicle for my child in the event of a weather or medical emergency.

Parent/Guardian Name ________________________________

Signature ____________________________________________

Date ________________________________________________

DEMOGRAPHIC REPORTING

(Please assist us in achieving our goal of inclusiveness and in getting to know the camp families we serve.)

Cornell Cooperative Extension provides equal program and employment opportunities. In an effort to assist us in achieving our goal of inclusiveness, please take a moment to provide the following information about your camper. This information will ONLY be used for federal reporting purposes.

ETHNICITY (Check One)

______ Hispanic  _______ Non-Hispanic

RACE (Check One)

______ African American  _______ Asian

______ Caucasian  _______ Native American

______ Pacific Islander/ Native Hawaiian  _______ Not Listed

REFUND/CANCELLATION POLICY

All refund requests must be made in writing. NO refunds will be issued after Monday, June 24, 2019. There will be a processing fee of $100.00 per session applied to all refunds.

* We understand that sometimes things happen or plans change. If you need to cancel, we ask that you notify our camp secretary as soon as possible. We often have families on a waiting list and would like to include their children at camp whenever possible.

* Upon arrival, if it is determined that a camper is too ill to attend, the camper will be sent home immediately. No refund issued. In the event a camper becomes ill while at camp and is sent home at the discretion of the Camp Nurse, no refund will be issued.

* In the interest of the health and wellness of all campers, those campers who cannot adjust to camp (e.g. severe homesickness, bed wetting, disruptive or dangerous behavior, non-compliance, etc.) may be sent home at the discretion of the Camp Director. No refund will be issued.

Full refunds minus the applicable processing fees will only be considered for emergency situations. An emergency situation is defined as a specific medical condition (e.g. injury, illness or hospitalization) or a certain family situation (e.g. death in family).

Please note that requests for refunds will be subject to review and may take time to process.

Parent/Guardian Signature ________________________________ Date ________________________________
2019 Campership Application & Essay

Return this campership application and essay by MARCH 29 to:
Cornell Cooperative Extension Delaware County
ATTN: CATHY SCOFIELD
34570 State Hwy 10, Suite 2, Hamden, NY 13782
or e-mail forms to css19@cornell.edu.

There are several Campership opportunities to assist in defraying the cost for youth to attend summer camp. **These are listed on the back side of this form.** They range from partial to full camp scholarships. Descriptions of the camperships are available on our website. Please use this form to apply for any campership opportunity that requires an application and essay. You do not need to include the Gladstone Family or Lennox Camperships.

**Name of Campership(s) you are applying for**

**Your Name**

**Age**  Grade In School  Gender  M  F

**Address**

(Town)  (State)  (Zip Code)

**Phone Number**  **E-mail Address**

This will be my______________ year at 4-H Camp Shankitunk.

There are______________ members in my family who also want to attend 4-H Camp this year.

I have been in 4-H for______________ years.  Name of 4-H Club  ____________________________

(Write N/A if not applicable)

**ON A SEPARATE SHEET OF PAPER**

Please write an essay of approximately 100 words titled “I Want To Attend 4-H Camp Shankitunk Because...” Consider writing about the experiences that you have had in the past, what you hope to get from your camp experience, and how receiving this campership will help you and your family.

**May we publish your Essay?**

☐ YES  If yes, your response may be published in full or have quotes pulled from it. Any reference would include only your first name, number of years at camp, and age.

☐ NO

DATE ____________________
2019 4-H Camp Shankitunk Camperships

Application and essay are due by MARCH 29 to:
Cornell Cooperative Extension Delaware County
ATTN: CATHY SCOFIELD
34570 State Hwy 10, Suite 2, Hamden, NY 13782
or e-mail forms to css19@cornell.edu.

Note: To meet the guidelines for being a 4-H Member:
Camper must be currently enrolled as a 4-H member and must have completed the previous 4-H year.

<table>
<thead>
<tr>
<th>Name of Campership</th>
<th>Amount Awarded Toward Camp Fee</th>
<th>Number Available</th>
<th>Do you have to reside in Delaware County?</th>
<th>Do you have to be a 4-H Member?</th>
<th>Age / Other Requirements</th>
<th>How to Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERNIGHT CAMP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owen Kelley Memorial Campership</td>
<td>FULL</td>
<td>5 One per Week</td>
<td>NO</td>
<td>NO</td>
<td>Reference Required.</td>
<td>Download the form on our website</td>
</tr>
<tr>
<td>Gladstone Family Campership</td>
<td>$100</td>
<td>First Come - First Served</td>
<td>YES</td>
<td>YES</td>
<td>Reference Required.</td>
<td>Check the box on your camp application.</td>
</tr>
<tr>
<td>Lennox Campership</td>
<td>$100</td>
<td>First Come - First Served</td>
<td>YES</td>
<td>NO</td>
<td>Must reside on a bonafide farm that makes $1,000 or more in farm income.</td>
<td>Check the box on your camp application.</td>
</tr>
<tr>
<td>Peg Ruff Memorial Campership</td>
<td>FULL $285</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
<td>Youth Ages 11-13 with Financial Need</td>
<td>Use application and essay</td>
</tr>
<tr>
<td>Carley Memorial Campership</td>
<td>FULL $285</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>Use application and essay</td>
</tr>
<tr>
<td>Pat Gladstone Memorial Campership</td>
<td>FULL $285</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>Use application and essay</td>
</tr>
<tr>
<td>Donald W. Gleason Unit 190 American Legion Auxiliary Campership in Memory of Terry Kaufman</td>
<td>Full $285</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>Use application and essay</td>
</tr>
<tr>
<td>Dairy Fest Camperships</td>
<td>Full $285</td>
<td>2</td>
<td>YES</td>
<td>NO</td>
<td>Preference given to residents of Meredith &amp; East Meredith</td>
<td>Use application and essay</td>
</tr>
<tr>
<td>Terry Kaufman Memorial Campership</td>
<td>$150</td>
<td>3</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>Use application and essay</td>
</tr>
<tr>
<td>Madelyn Sanford Campership</td>
<td>$100</td>
<td>1</td>
<td>YES</td>
<td>NO</td>
<td>Youth Ages 14+ interested in CIT</td>
<td>Use application and essay</td>
</tr>
<tr>
<td>Other Anonymous Friends of 4-H &amp; Service Clubs</td>
<td>Partial Dependent on funds available</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>Use application and essay</td>
<td></td>
</tr>
<tr>
<td><strong>DAY CAMP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whittaker Day Camp Camperships</td>
<td>$50</td>
<td>10</td>
<td>Preference given to Delaware County</td>
<td>NO</td>
<td>DAY CAMP ONLY</td>
<td>Use application and essay</td>
</tr>
</tbody>
</table>

If you have any questions regarding camperships, please do not hesitate to call us at (607) 865-6531.
Learn more about each of our camperships; or find additional opportunities, if available, on our website. There may be opportunities in your county. Inquire through your local 4-H or youth services program.
4-H CAMP SHANKITUNK REGISTRATION FORM
You can register online at www.campshankitunk.org.
This application must be accompanied by a $100.00 deposit per week to secure your child’s spot at camp.
Mail completed registration form and deposit to: 4-H Camp Shankitunk, 34570 St Hwy 10, Suite 2, Hamden, New York 13782

CAMPER NAME ______________________ NICKNAME____________________
DATE OF BIRTH ___________ AGE (As of Jan 1) _______ SEX M F
CABIN MATE REQUEST (Limit of one request) ____________________________
CAMPER’S ADDRESS __________________________________________________
TOWN __________________ STATE ________ ZIP _______________________
COUNTY __________________ GRADE (Entering in the Fall) ________________
HOME PHONE ________________ CELL/ALT PHONE ______________________
EMAIL _______________________

Is this camper a 4-H Member? _______ YES _______ NO
This will be my camper’s ___________ year at 4-H Camp Shankitunk!

PARENT/GUARDIAN’S NAME ____________________________
PARENT/GUARDIAN’S SIGNATURE ________________________

OVERNIGHT ONLY (No one may be awarded both the Lennox and the Gladstone Camperships.)
☐ This camper is a Delaware County 4-Her and meets the guidelines for the Gladstone Family Campership which will pay $100 of the camp fee for ONE WEEK ONLY.
☐ This camper lives on a bonafide farm and meets the guidelines for the Lennox Campership which will pay $100 of the camp fee for ONE WEEK ONLY.

1. CHOOSE YOUR PROGRAM
☐ OVERNIGHT CAMP ☐ DAY CAMP

2. CHOOSE YOUR WEEK
Camp is filled on a first come, first served basis. Please list your first choice of camping weeks.
Use another application for a second week.

☐ Week 1 – Carnival Week – June 30–July 5
☐ Week 2 – Jungle Week - July 7-12
☐ Week 3 – Wonka Week -July 14- 19
☐ Week 4 – Wet & Wild Week - July 21-26
☐ Week 5 – Luau Week - July 28 – August 2

3. CHOOSE YOUR CLASSES

There are four (4) class periods each day. Campers ages eight (8) years old and older may select four single period classes or a combination of double and single period classes. Descriptions available on our website. First come, first served. NOTE: When signing up for a class with age restrictions, campers must be the required age before attending camp. Campers enrolling in the CIT classes must be the required age by July 1st.

Please rank your top six (6) choices. We will make every effort to give you your top four choices, but we cannot guarantee this. Please Note: *** = Not available to Day Campers

1. ______ Archery I
2. ______ Archery II – Ages 12+
3. ______ Arts & Crafts
4. ______ Astronomy ***
5. ______ Backpacking I *** – Ages 8 & 9
6. ______ Backpacking II*** 10+ Double Per.
7. ______ Backyard Engineering-10+ Double
8. ______ Beading
9. ______ Chef’s Club – 10+ Double Period
10. ______ CIT I – Must be 14
11. ______ CIT II – Must be 15+ Double Period
12. ______ CIT III – Must be 16+ Invite Only
13. ______ Cookery
14. ______ Drama
15. ______ Fishing – Double Period
16. ______ Geocaching – 10+
17. ______ Living History
18. ______ Nature
19. ______ Newspaper
20. ______ Outdoor Skills - 10+ Double Per.
21. ______ Photography
22. ______ Rocketry I – 10+ $20 Fee
23. ______ Rocketry II – 12+ $20 Fee
24. ______ Rocketry III – 14+ $20 Fee
25. ______ Science
26. ______ Sports & Rec
27. ______ Swimming
28. ______ Team Challenge
29. ______ Water Walk NEW Double Period
30. ______ Woodworking $10 Fee
31. ______ Yumba – Ages 12+ Girls Only

4. SEND A DEPOSIT

$_________ Amount Enclosed ($100 Deposit Req.)
There is a one-time fee of $100.00 for any cancellation. Please pay your balance at least 2 weeks prior to arrival

5. ADD ONS / CAMP STORE

$_________ Camp Store Account – Max of $20.00
☐ Day Camp Early Drop Off at 8:00 - $25.00
☐ Day Camp Extended Stay to 5:30 - $25.00
☐ Essentials Care Package - $20.00
☐ Spirit Care Package – $20.00
☐ Campership Funds Awarded
☐ Shirt Size: ________________

OFFICE USE ONLY

Registration Fee
Class Fees (Rocketry or Woodworking)
Camp Store Account Funds (Max of $20)
Care Packages (Essentials or Spirit Pack)
Day Camp Extension Fees

TOTAL DUE
☐ Gladstone OR Lennox ($100)
☐ Campership Funds Awarded

BALANCE REMAINING

Payments:
Date __________ Check # __________ Amount ____________

- ____________
- ____________
- ____________
- ____________
- ____________
- ____________
Tell your friends!

CURRENT RESIDENT OR

ON-LINE REGISTRATION:  www.campshankitunk.org

Office Phone: (607) 865-6531; In Season Phone (July-August): (607) 746-2004

4-H Camp Shankitunk is required to be licensed by the New York State Health Department and is inspected twice yearly. Inspection reports are on file at the NYS Department of Health, 28 Hill St, Ste 201, Oneonta, NY 13820.

The New York State Cooperative Extension 4-H Programs are conducted in compliance with the Civil Rights Act of 1964. All programs including clubs, activities, events, and special interest groups are provided to all youth on a non-discriminatory basis without regard to race, color or national origin. Cooperative Extension is an equal opportunity employer.

4-H Camp Shankitunk is operated by Cornell Cooperative Extension of Delaware County